



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
30 Meagher		0569 White Sulphur Spgs Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	8	1	105	1.36	66	None	_____	_____	
50	8	1A	77	1.36	66	None	_____	_____	
50	8	2	97.2	1.36	60	None	_____	_____	
50	8	3	88	1.36	66	None	_____	_____	
50	8	3A	117	1.36	66	None	_____	_____	
50	8	4	144	1.36	60	None	_____	_____	



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Date	Signature, Chair, Board of Trustees							
County:	District:					District Level:		
30 Meagher		0570 White Sulphur Spgs H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	8	1	105	1.36	66	None	_____	_____
50	8	1A	77	1.36	66	None	_____	_____
50	8	2	97.2	1.36	60	None	_____	_____
50	8	3	88	1.36	66	None	_____	_____
50	8	3A	117	1.36	66	None	_____	_____
50	8	4	144	1.36	60	None	_____	_____